Effective October 1, 2003														
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER TI					THAN		
TOTAL CLAIMS			30.			,	RA	ſΈ	FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00		
TC	TAL CHARGE	ABLE CLAIMS	30 minus 20=		•10		xs	9=	90	OR	X\$18=			
INC	EPENDENT C	LAIMS	5 minus 3 =		2		X4:	3=	86	OR	X86=			
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+14	 5=	-	OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	TOT		561	OR	TOTAL			
	CLAIMS AS AMENDED - PART II								OTHER THAN					
	(Column 1) (Column 2) (Column 3)							LLI	ENTITY	OR	SMALL	ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RAT	, П	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 30_	Minus	 3	30_	=_	X\$ 9)=_	2	OR	X\$18=			
AMEI	Independent	. 5	Minus	***	5	=	X43	_		OŔ	X86=			
Ĺ	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM		+145	;=		OR	+290=			
								TAL		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)								FEE (ADDII. FEE			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=			
ME	Ind pendent	*	Minus	***			X43	-		OR	X86=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		OR	+290=			
		TO ADDIT. I	TAL		OR	TOTAL ADDIT, FEE								
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING, AFTER AMENDMENT	•	HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		= .	X\$ 9	-		OR	X\$18=	,		
ME	Independent	•	Minus	***		-	X43:		•	o'R	X86=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1			+290=			
+145= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **TOTAL										OR	TOTAL			
***	f the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pal	id For IN THI	S SPACE is	less tha	n 3, enter "3."	ADDIT. F	EEL	ropriate bo		DOIT. FEE			

Application or Docket Number